File with: Iowa Ethics and Campaign Disclosure Board 510 E. 12", Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

Reset Form

CAMPAIGN DITTE BD.

510 E. 12", Sie. 1A Des Moines, Iowa 50319 Fax: 515-281-4073		vs, see back of form SUMMARY PAGE	2008	MAY 19 PM 1:24
COMMITTEE NAME (Must be	same as on Statement of Orga	nization)	٦ _	
District Union 431, UFCW	, Political Action Account		1 1 '	DR-2 DISCLOSURE
(1)Statewide/Logislative/Judge (4)County Central Committee ()	of committee you are reporting for: Standing for Retention Candidate (5)County Candidate (5)City Candi ty PAC (9)City PAC (10)School to	2 2)State PAC (3)State Party dale (7)School Board or Other Political Board or Other Political Subdivision PAC	(Re	DISCLOSURE REPORT Office Use Only om. #
CANDIDATE COMMITTEES Candidate Name	ONLY:	Political Party (if applicable)	Sca	ged in
Office Sought		District (if Senate or House)		lited
Late reports are subject to poss	yeu X	rsuant to lowe Code sections 68B.32A((563) 323 ⁴ 3655 TELEPHONE	7) and 68A	5/19/08 DATE SIGNED
I AM FILING A May 19		REPORT FOR (1) ELECTION /	(2)NON-E	LECTION YEAR.
	eport date)	Indicate by #		
TCHECK IF AMENDMENT	TO REPORT DATED		ocal Comm	rittees, enter Date of Election
CASH ON HAND at the begin	MENT OF CASH ON HANG uning of the reporting period. (To count MUST be the same as the	otal of all funds held by the		10,000.00
of the last reporting	period or must be zero if this is f	irst report filed.)	\$	10,000.00
	RY TAKEN IN THIS PERIOD	lule A) (*also see in-kind below)		2,450.00
Schedule F: Loans	Received total (Attach Schedule	F)ach Schedule H)	.: 	
	H applies to Candidates' Com			12,450.00
Schedule B: Expen	·		1101081100	2,650.00
		port balance must be zero)		9,800.00
•	•	dule E)		
		ule F)		
CONSULTANT BREAKDOV		•		_YESNO
CANDIDATE COMMITTEES	·			
VALUE OF CAMPAIGN PRO	PERTY (From Schedule H - Att	ach Schedule H)	\$	
STATE COMMITTEES: Sub	mit a reconciled campaign accor	unt bank statement in January of each	year.	

FOR INSTRUCTIONS, SEE BACK OF FORM

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAG COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAG CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF

COMMITTEE NAME (Must be same as on Statement of Org.	احملامالــــ
COMMITTEE NAME (Mils) he same as on Statement of Urg	anızanon.

District Union 431, UFCW, Political Action Account

ID# 18207	DATE EXPENDED (MM/DD/YR)	CANDIDATE 1D NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
ID# Cass County Demo. Cntrl. Comm Lewis Cass Fundraiser 1,000.00	2/20/08	ID# ₁₈₂₀₇	4715 Spring St	fundraiser contribution	\$ 200.00
CK# 578	4/04/08		Cass County Demo. Cntrl. Comm 10904 IL Ric 125	Lewis Cass Fundraiser	1,000.00
CK# 579	5/1/08		PO Box 3128	Meet & Greet Sponsor	250.00
CK# 580	5/7/08	1	PO Box 402	contribution	1,000.00
CK# ID# CK# CK# CK#	5/13/08	,	613 18th Ct, SW	contribution	200.00
CK# ID# CK#					
CK#					
SUB-TOTAL \$		·			
		.1		SUB-TOT/	\L \\$

TOTAL (if last page of this schedule) \$ 2,650,00

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of cortain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entitles providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lower Code 68A,402(3)(i).)

Page	1	of	. 1
rage		 U,	

For Instructions, See Back of Form	Reset Form	SCHEDULE	
CONTRIBUTIONS MONEY TAKEN IN (Including candidate's personal funds)	AND THE STATE OF	A (Rev. 07/03)	MONETARY RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization)			CK THIS BOX IF NDING FORM
District Union 431, UFCW, Political Action Account			

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF 1D NUMBERS IS AVAILABLE FROM THE IOWA ETHIOS AND CAMPAIGN DISCLOSURE BOARD.

NOTE; ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	V IF FOR FUND- RAISER INCOME
	ID#	UFCW District Local 431 Transmittal Account		\$2,450.00	
5/07/08	CK#			\$2,430.00]
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Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consequinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1 (for Schedule A)

2,450.00

TOTAL (if last page of this schedule)